



## Notice of Alleged Safety or Health Hazards

Thu Apr 17, 2003 9:37am

Complaint Number		200381895	
Establishment Name	Federal Correctional Institute, McKean		
Site Address	Rt. 59 and Big Shanty Rd., Lewis Run, PA 16738		
Site Phone	(814) 362-8900	Site FAX	(814) 363-6811
Mailing Address	P.O. Box 5000, Bradford, PA 16701		
Mail Phone	(814) 632-8900	Mail FAX	(814) 363-6811
Management Official	Stephen Housler, Safety	Telephone	
Type of Business	Federal Corrections	Ownership	
Primary SIC	9223	Primary NAICS	922140
<b>HAZARD DESCRIPTION/LOCATION:</b> Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.			

**DESCRIPTION:**

1. Ventilation is inadequate to control the hazards associated with dusts generated during the production processes. These dusts include but are not limited to wood dust, particle board dust, and mircore board dust.
2. Ventilation is inadequate to control the hazards associated with vapors that are produced by the glues utilized in the laminating processes.
3. Dust is accumulating on surfaces throughout the factory area. This dust includes but is not limited to wood dust, particle board dust, and mircore board dust.
4. Personnel are smoking in close proximity to operations that produce wood dust and utilize flammable glues.
5. Compressed air above 30 psi is being utilized for blow-downs and cleaning operations.
6. Plexi-glass and plywood are being stored on top of electrical boxes. Electrical boxes are located in the back by the dock area.
7. Personnel are potentially exposed to a fire hazard from a heavy accumulation of scrap wood at the loading dock area.

**LOCATION:**

UNICOR Factory (Including but not Limited To):

- \* Loading Dock Area
- \* Saw Area
- \* Laminating Area, Front Area by Office

Has this condition been brought to the attention of: Please Indicate Your Desire: The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.	Employer	
	Do NOT reveal my name to the Employer	
	B. Representative of Employee	

Complainant Name	Richard D. Yovichin II	Telephone	(814) 368-3526
Address(Street,City,State,Zip)	662 South Avenue Bradford PA 16701		
Signature		Date	

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

Organization Name: AFGE Local 3974

Your Title: President

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Identification	Reporting ID	0336000	Previous Activity	0	Opt. Number			
	Establishment Name Change? <input type="checkbox"/> Yes <input type="checkbox"/> No		Site Address Change? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer ID		City Code	County Code	
Receipt Information	Received By		Send OSHA-7? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: 04/14/03	Supervisor(s) Assigned			
				Time:	AM	W0556		
Industry & Ownership	D. Federal Agency: 1503 - BUREAU OF PRISONS							
Complaint Evaluation	Evaluated By		Subject/Severity					
	Is this a Valid Complaint? -- Yes		Safety-Serious					
	Formality -- Formal		Health-Serious					
Send Letter	Migrant Farmworker Camp? --							
	Type		Date Letter Sent		Date Response Due			
Received Letter	Type		Date Letter Received		Evaluation		Abatement Date	
Complaint Action	Inspection Planned? Yes		If Yes, Priority: 1a		If No, Reason:			
	Transfer To (Name)				Transfer Date			
	Transfer To Category							
Strategic Initiatives								
National Emphasis		SILICA Insp - Presence of Crystalline Silica/Silicates						
Local Emphasis								
Optional Information	Type	ID	Value					
	N	16	SILICA					
Close Complaint								

COMMENTS

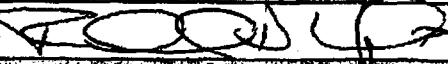
U. S. Department of Labor  
Occupational Safety and Health Administration

## Notice of Alleged Safety or Health Hazards

Establishment Name	DOJ BOP FCI MCKEAN		
Site Address	P.O. Box 5000 Bradford PA 16701 (814) 362-8900 814 363-6811		
Mailing Address	SAME 363 6811		
Management Official	Debbie Forsyth (814) 362-8900		
Type of Business	UNICOR Furniture Factory		

HAZARD DESCRIPTION/LOCATION: Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

The Factory is processing Micore Board with a power saw and no respirators are being furnish to staff or inmates. One of the saws has a shop vac on it for dust collection. The dust is circulating all over the factory. Staff and inmates are receiving irritations to eyes and skin and complaining of being congested. Inmates are also smoking in the vicinity. When clean up occurs air hoses are used to push the debris away.

Has this condition been brought to the attention of:	<input checked="" type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency(specify)	
Please indicate your desire:	<input checked="" type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer	
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.	(Mark "X" in ONE box)  <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Representative of Employees <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Other (specify)	
Complainant Name:	Richard D Yovich III	
Address (Street, City, State, Zip):	662 South Ave Bradford PA 16701-3976	
Signature		
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:		Date 04/10/03
Organization Name: Your Title:		